401(k) INCOMING TRANSFER/DIRECT ROLLOVER

ABC Company 199999–01

Participant Information

Last Name | First Name | MI

Social Security Number

Address – Number & Street

E–Mail Address

City | State | Zip Code

Mo Day Year

Date of Birth

❑ Female ❑ Male

( ) Home Phone

( ) Work Phone

❑ Married ❑ Unmarried

Payroll Information

Division Name

To be completed by Representative: ______________ Division Number

Transfer/Direct Rollover Information

I am choosing a:

❑ Transfer/Direct rollover from a qualified 401(a), 401(k), governmental 457(b) or 403(b) Plan.

Previous Provider Information:

Company Name | Account Number

Mailing Address

City/State/Zip Code | ( ) Phone Number

Previous provider must complete:

Employer/employee before–tax contributions and earnings $____________

Note: All amounts received will be considered employee before–tax contributions and earnings.

Amount of Transfer/Direct Rollover: $_______________ (Enter approximate amount if exact amount is not known.)

Investment Option Information – Please refer to your marketing communication materials for investment option designations.

Please Note: For automatic dollar cost averaging call KeyTalk® or access our Web site.

Investment Option Name	Investment Option Code		Investment Option Name	Investment Option Code	
Maxim INVESCO ADR Portfolio	**ADR000**	_____%	Ariel Premier Bond Fund	**APB000**	_____%
Maxim Ariel Small–Cap Value Portfolio	**AVF000**	_____%	Maxim Bond Portfolio	**BF000**	_____%
Maxim Index 600 Portfolio	**MR2000**	_____%	Maxim Loomis Sayles Corporate Bond Port.	**CBF000**	_____%
Ariel Appreciation Fund	**APP000**	_____%	Maxim US Government Securities Portfolio	**USG000**	_____%
Maxim Stock Index Portfolio	**GF000**	_____%	Great–West Daily Interest Guarantee Fund	**DIGFII**	_____%
Maxim Value Index Portfolio	**VI000**	_____%	Maxim Money Market Portfolio	**MMF000**	_____%
Maxim INVESCO Balanced Portfolio	**IBA000**	_____%			

MUST INDICATE WHOLE PERCENTAGES **=100%**

Participant Acknowledgements

General information – I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the transfer/direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Transfer/Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call KeyTalk® or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Last Name	First Name	MI		Social Security Number

Withdrawal restrictions – I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, direct rollovers and/or distributions. I understand that I must contact the Plan Administrator/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

Investment options – I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account corrections – I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will be only processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to: Great–West
Include the following information on the check:
Participant Name, Social Security Number, Plan Number, Plan Name
Wire instructions:
Bank: US Bank
Account of: Great–West
Account no: 120411247063
Routing transit no: 102000021
Attention: Financial Control
Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
BenefitsCorp, Inc./Great–West
Dept. 0279
Denver, CO 80256–0279

Regular mail address for the form only:
P.O. Box 173764, Denver, CO 80217–3764

Overnight mail address for the check and form (if mailed together):
US Bank
3550 Rockmont Dr
Mail Stop Dn–Co–Oclb Dept #0279
Denver, CO 80202
Contact: BenefitsCorp, Inc./Great–West

Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

Required Signatures – My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct.

Participant Signature **Date**

I acknowledge and agree that the Plan Administrator/Trustee for the Previous Employer's Plan is released from and the Plan Administrator/Trustee for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Transfer/Direct Rollover form.

Authorized Plan Administrator/Trustee Signature For Current Employer's Plan **Date**

Authorized Plan Administrator/Trustee Signature For Previous Employer's Plan **Date**
(for direct rollovers)

Participant forward to Plan Administrator
Plan Administrator forward to Service Provider at:
BenefitsCorp, Inc./Great–West
P.O. Box 173764, Denver, CO 80217–3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1–800–701–8255 **Fax#:** 1–303–737–4355